

RCG/1652
JL
IPR

PATENT



Attorney Docket :
932301WN216

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:) Confirmation No. 8953
Brigitte Bathe, et al.) Examiner: Kathleen Kerr
App. No.: 09/942,935) Group Art Unit: 1652
Filed: August 31, 2001)

For: NUCLEOTIDE SEQUENCES CODING FOR THE sigM GENE

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

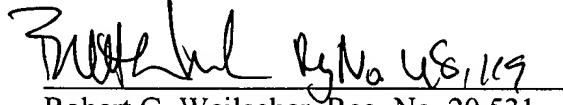
Enclosed are the following:

1. Amendment
2. RCE
3. Petition for Extension of Time (one month, large entity)
4. Fee Transmittal.
5. Check for RCE /Petition for Extension of Time (one month, large entity)
fees in the amount of \$900.00.

Respectfully submitted,

SMITH, GAMBRELL & RUSSELL, LLP

By:


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Dated: October 19, 2004
RGW /BLN/jl

**FEETRANSMITTAL
19 2004 for FY 2005**

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **\$900**)

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit
Account
Number

**Deposit
Account
Name** Smith, Gambrell & Russell, L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	<input type="text"/>	- **	= <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Independent Claims	<input type="text"/>	- **	= <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent				X <input type="text"/>	= <input type="text"/>

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>		
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

Reduced by Basic Filing Fee Paid **SUBTOTAL (\$)** **(\\$)000**

***or number previously paid, if greater; For Reissues, see above*

SUBMITTED BY

Name (Print/Type)	Robert G. Weilacher	Registration No. (Attorney/Agent)	32,263	Telephone	202/263-4300
Signature	R. G. Weilacher No. 48-119			Date	October 19, 2004

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